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V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9502

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2985

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5104a Thekla Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 7
(If outside city or town limits write "RURAL")
(d) Street No. 5104a Thekla Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Johanna Fogarty,

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Michael J. Fogarty
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased May (Month) 29 (Day) 1864 (Year)

8. AGE: Years 75b Months 10 Days 0 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Daniel Mahoney
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Ellen Murphy
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Daniel Fogarty
(b) Address 5104a Thekla Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) MAR 30 1940 (Date received local reg.) (b) J. F. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15-40, 19__, to Mar 29, 1940 that I last saw her alive on Mar 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death auricular fibrillation	
Due to Chronic Myocarditis	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas M Martin (M. D. or other)
Address 607 no Grand Date signed 3/29/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Thomas Morton
University Club. Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.